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UNCLAS SECTION 01 OF 03 KUWAIT 004824

SIPDIS

STATE FOR OES/PCI, OES/IHA
HHS FOR OGHA STEIGER/BHAT
CDC FOR BLOUNT/JANI/LEDUC/NCOX/ARTHUR
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E.O. 12958: N/A

TAGS: [TBIO](#) [SENV](#) [ECON](#) [EAGR](#) [EAID](#) [PREL](#) [XX](#) [KU](#)

SUBJECT: RESPONSE TO DEPARTMENT TASKER ABOUT AVIAN
INFLUENZA INFORMATION IN KUWAIT

REF: A. REF A: STATE 206992

[B](#). REF B: KUWAIT 4516

[C](#). REF C: KUWAIT 4673

[D](#). REF D: KUWAIT 4755

[1](#). (U) This message is Post's response to the questions contained in Reftel A regarding the GOK's efforts to control Avian Influenza (AI), and its capability to respond to an AI epidemic. Questions are answered in the order provided in reftel.

ANSWERS TO QUESTIONS

[2](#). (U) Answers.

A) PREPAREDNESS/COMMUNICATION

-- The GOK has formed a committee of representatives from the Department of Public Health (DPH), Public Authority for Agricultural Affairs and Fish Resources (PAAAFR), the Infectious Disease Hospital, and the Ambulance Service to develop a comprehensive plan to prevent and/or manage an AI pandemic in Kuwait (Ref B). The plan involves regular inspections by trained teams from the Animal Resources arm of the PAAAFR which take samples from farms, bird markets, and locations where migratory birds gather (Ref C). The GOK has also banned the import of all live birds and poultry products from affected countries. The PAAAFR has established a hotline for those encountering dead birds, to which the PAAAFR responds by sending a team to collect the carcasses. So far, Post has observed that this preventative inspection plan seems to work, evidenced by regular reports of farm and market inspections, and reports of samples taken at migratory bird areas (Ref D). Additionally, Post has witnessed quick responses by bird collection teams when calling to report dead birds found on the Embassy compound.

-- The GOK would likely be forthcoming in reporting any cases of AI among people. Kuwait's vibrant press and outspoken MPs, who are often critical of the government, mean that the GOK would have great difficulty concealing any outbreak. Another factor influencing transparency is that, because Kuwait is the first GCC nation to have an AI incident (Ref D), other GCC countries are watching the situation closely and would not hesitate to raise alarms at any hint of a cover-up. As we have seen in recent media reports, the PAAAFR has been open about infected birds found during inspections, and there is little reason to think that this openness would diminish.

-- Preparations for AI appear to be high on the GOK's priority list. Post has been told by both DPH and PAAAFR officials that the PM is very concerned about the issue. The aforementioned planning committee, the GOK's order of 10 million tablets of Tamiflu (enough to treat 1 million patients), and the relatively quick forming of PAAAFR inspection teams attest to the attention that AI is getting at decision-making levels (see Reftels B and C for more details). Nominally, the "go-to" person in the GOK is Minister of Health (MOH) Sheikh Ahmed Al-Abdullah who heads the coordination committee, but Post's experience has been that Al-Abdullah's deputy, Assistant Undersecretary Ali Al-Seef, as well as Drs. Rashed Al-Owaish and Mussab Al-Saleh (Ref B) are the prime movers. On the PAAAFR side, Sheikh Fahd Salem Al-Alki Al-Sabah, the PAAAFR Director, is in charge, but his deputy Dr. Mohammad Al-Muhanna, who is in charge of all animal health inspections, has been the most informed contact (Ref C).

-- Post has no indication that any Kuwaiti laws will be impediments to AI detection, reporting, containment, or response.

-- GOK officials at the MOH and PAAAFR have been in regular contact with the WHO and have repeatedly stated that they are following WHO planning and response guidelines. In addition to the GOK's willingness to provide information at Post's

request, Post understands that the GOK has also been providing information to the British Embassy and other EU nations. DPH officials have previously inquired about USG assistance in obtaining anti-viral drugs (see Ref B, para 6 for discussion of GOK concerns about the availability of Tamiflu). Notwithstanding current GOK assertions that the public health infrastructure can handle an outbreak, it is Post's assessment that the GOK indeed would ask for foreign assistance. Given GOK receptiveness and openness with Post's inquiries, multilateral approaches would not likely add much value.

-- Kuwaiti hospitals currently administer annual flu shots, but Kuwait does not produce any influenza vaccines and has no capacity to develop an H5N1 vaccine. Similarly, all vaccines for birds are imported.

-- Because AI features prominently on the front pages of local newspapers every day, most of the population is likely aware of the issue. However, DPH officials have expressed concern that the public may disregard or downplay the threat of AI because of previous public health threats (most notably SARS and bio-warfare concerns prior to the 2003 Iraq invasion) that were ultimately non-events (Ref B). There is a certain risk of ill-informed third-country nationals (TCNs) working, and usually living, at Kuwaiti poultry farms not being fully aware of the threat, but the frequent appearance of PAAAFR inspection teams at such sites seems to mitigate that risk.

B) SURVEILLANCE/DETECTION

-- The PAAAFR has its own laboratory to test samples taken from farms, markets, and migratory birds (Ref C). Hospitals also have in-house labs that can test for influenza A viruses (of which H5N1 is one) which would therefore give a positive result for AI. The PAAAFR and Kuwaiti hospitals have limited ability to sub-type viruses, with the capability to test with methods appropriate for some, but not all, types of birds. (NOTE: A PAAAFR laboratory scientist has just completed a USDA training course in Athens, GA focusing on H5N1 identification and diagnosis. He is due to return to Kuwait on November 19) The GOK has a long-standing relationship with the reference lab Veterinary Laboratories Agency in Weybridge, UK, to which samples are sent for verification.

-- The most pressing gaps in Kuwait's ability to respond to an outbreak are the lack of anti-viral stockpiles and a shortage of isolation/ICU capacity. According to DPH statistics, there are approximately 600 ICU beds in Kuwait, with roughly half in government hospitals and half in private hospitals (NOTE: this total includes Cardiac Care Units (CCU), which constitute about 75% of the total ICU beds; CCUs can be effectively used as isolation beds in an AI outbreak. These numbers are DPH estimates of Kuwait's hospital capacity, but the DPH does not have exact figures; however, Post believes these estimates to be reasonably accurate). Given the DPH's estimate of 9,000-12,000 hospitalizations (Ref B), this indicates a serious lack of ICU capacity. Additionally, there are only 4 negative-flow rooms in Kuwait.

C) RESPONSE/CONTAINMENT

-- Although the Kuwaiti public health sector has adequate stocks of most medications, there is no stockpile of anti-viral drugs, particularly of Tamiflu or Relenza. The GOK has ordered 10 million tablets (enough to treat 800,000 patients) of Tamiflu which are due to arrive no earlier than June 2006, and according to hospital contacts, perhaps as late as September 2007. Hospital contacts have said that, because of this delay, the GOK has placed an order for generic Tamiflu from Taiwan, which is due to arrive early in 2006. DPH officials have said that they propose to order the more widely-available drug Relenza, but no order has been placed yet (see Ref B for details).

-- Kuwait has adequate supplies of Personal Protective Equipment (PPE).

-- According to the plans in progress described by DPH and PAAAFR officials, especially on the animal side, GOK rapid response capacity appears to be adequate. PAAAFR teams are already regularly disinfecting facilities and monitoring birds, and officials have repeatedly said that infected birds will be quickly culled. Although the Council of Ministers has not decided on a specific amount, the GOK plans to include compensation to bird owners should a cull be necessary. Regarding the GOK's capacity to handle an outbreak among humans, Post has concerns about the capacity of Kuwaiti hospitals to handle a surge of patients, but fewer concerns about the level of care available to those for whom there are beds.

-- Post believes that the GOK is both capable and willing to impose quarantines and social distancing measures. Any

quarantine would not be enforced by the military, but would instead be enforced by the Ministry of the Interior (MOI) which oversees police forces.

TUELLER